	٦		
NO. OF COPIES RECEIVED	_		Form C -103
DISTRIBUTION	4		Supersedes Old C-102 and C-103
SANTAFE	NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee T
OPERATOR			5, State Oil & Gas Lease No.
SUNDE 100 NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPORTS OF OFOSALS TO DRILL OR TO DEEPEN OR PLUG TION FOR PERMIT - " (FORM C-101) FOF SL	N WELLS BACK TO A DIFFERENT RESERVOIR. JCH FROPOSALS.)	
OIL GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			3. Farm or Lease Name
Gulf Oil Corporation			Eunice King
3, Address of Operator			9. Well No.
Box670, Hobbs, New Me:	xico 88240		15
4, Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	2086 FEET FROM THE North	LINE AND 2086 FEET F	
THE West LINE. SECTI	10N 28 TOWNSHIP 21-5	37_8	
THEE EINE, SECT	10N 10NNSHIP	RANGE NM	$\sim \chi$
	15, Elevation (Show whethe	er DF, RT, GR, etc.)	12. County
		μ61' GL	Т.ев ())))))))
	Appropriate Box To Indicate		
NOTICE OF I	NTENTION TO:	SUBSEQUE	INT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	SEMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
_		OTHER	
OTHER]]	
		Acidized	
17 Describe Etoposed or Completed O	perations (Clearly state all pertinent de	stails and give pertinent dates inclusion	ing estimated date of starting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1903.

5241' FB.

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Pumped 1000 gallons of 15% NE acid down 7" casing over perforations 509% to 5193'. Flushed with 30 barrels of oil. Returned well to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Orig signed By C.F.Kalteyer	TITLE Area Petroleum Engineer	DATE August 27, 1970
		AUG. 2013:70
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		